Cenco Insurance Marketing Corporation
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Questionnaire For: Drug Use

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____Phone #: _____
Proposed Insured: _____Date of Birth: ___/___/_____
Male ( ) Female ( ) Height _____Weight _____ Smoker ( ) Non Smoker ( )
Amount of Coverage $_____ Product Type _____

1. In the past five years, have you used:

	Yes	No
(a) barbiturates, sedatives or tranquilizers habitually?	[ ]	[ ]
(b) LSD, marijuana, or any amphetamine?	[ ]	[ ]
(c) Heroin, morphine, or other narcotic drug?	[ ]	[ ]
(d) Other drug not listed above?	[ ]	[ ]

If yes, give details:

Type	How Often Used	Dosage or Amount Used	Dates Used From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. If treatment received, when? _____
where? _____
name
_____
address
Nature of treatment? _____
_____
Name of attending physician? _____

3. Are you now an active member or participant in a support group? [ ] Yes [ ] No